

Notice of Group Quarantine and Right to Petition for Habeas Corpus Relief (Coronavirus disease 2019, COVID-19)

嚴重特殊傳染性肺炎集中檢疫通知書及提審權利告知

Name : 姓名	Citizen ID/Passport No : 身分證號/護照號碼
Legal representative : 法定代理人	Citizen ID/Passport No : 身分證號/護照號碼
Telephone : 聯絡電話	Designated quarantine site : 指定檢疫場所(由開立人員填寫)

1. As you have been identified as a contact of COVID-19 confirmed cases based on health authority's investigation or entered from countries/areas affected by COVID-19, in order to prevent the spread of the disease and protect the health of your friends, family members, the public and yourself, you are required to undergo group quarantine during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD):

因您為確診個案之接觸者或曾有流行地區旅遊史/居住史(請勾選), 為防範嚴重特殊傳染性肺炎之傳染, 並保障您自己的健康, 於民國____年____月____日至____年____月____日期間進行集中檢疫。

2. If you are an inbound traveler who has had a fever or respiratory symptoms in the past 14 days, you are required to have your specimens collected for COVID-19 testing, and be quarantined in a designated quarantine site. If your test results come back negative, and your physical condition has been evaluated by the physician of quarantine site to be suitable for subsequent home quarantine, this notice will be abolished.

如您為入境後有症狀旅客, 於採檢後將送指定集中檢疫場所, 俟檢驗結果陰性, 且經集中檢疫場所衛生組醫師評估身體狀況適合返家進行後續居家檢疫, 即廢止本集中檢疫通知書。

3. In accordance with Article 3 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens and Article 2 of the Regulations Governing Disease Prevention Compensation During Severe Pneumonia with Novel Pathogens Isolation and Quarantine Periods, applicable subjects are allowed to make an application for compensation. The application for the disease prevention compensation shall be extinguished if not exercised within two years from the day of the end of isolation or quarantine.

符合嚴重特殊傳染性肺炎防治及紓困振興特別條例第 3 條及嚴重特殊傳染性肺炎隔離及檢疫期間防疫補償辦法第 2 條之適用對象, 得申請防疫補償。防疫補償之申請, 自受隔離或檢疫結束之

流水號 No. :

日起，因 2 年間不行使而消滅。

4. Please comply with the rules/regulations regarding group quarantine during the quarantine period. Those who fail to follow the regulations will be imposed with relevant compulsory enforcement action and fined in accordance with Article 27 and Paragraph 2, Article 28 of the Administrative Execution Act.

檢疫期間請您確實做好各項健康監測措施/規定(如附件 1)，如未遵守，將依行政執行法第 27 條及 28 條第 2 項規定，執行直接強制，並依法裁處罰鍰：

- Persons who have been in contact with patients affected by communicable diseases and violate Article 48 of the Communicable Disease Control Act will be fined ranging from NT\$200,000 to 1 million in accordance with Paragraph 1, Article 15 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens.

違反「傳染病防治法」第 48 條(確診個案之接觸者)，將依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 15 條第 1 項處新臺幣 20 萬以上 100 萬元以下罰鍰。

- Persons entering from countries/areas affected by COVID-19 who violate Article 58 of the Communicable Disease Control Act will be fined ranging from NT\$100,000 to 1 million in accordance with Paragraph 2, Article 15 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens.

違反「傳染病防治法」第 58 條(曾有流行地區旅遊史/居住史者)，將依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 15 條第 2 項處新臺幣 10 萬以上至 100 萬元以下罰鍰。

5. You or a relative or friend of yours have the right to petition to the local court for relief in accordance with the Habeas Corpus Act. You can provide the names, addresses, phone numbers or emails of your relative or friend to the responsible person. The competent authorities will inform your relative or friend of information about imposing group quarantine on you (Annex 2 and Annex 3).

您或您的親友有權利依照提審法的規定，向地方法院聲請提審。您可提供工作人員您親友之姓名、地址、電話或電子郵件，執行機關將盡合理努力通知您的親友有關您接受集中檢疫之訊息(附件 2 及附件 3)。

6. If you have any questions, please contact the following person in charge :

如您有任何問題，可與以下列工作人員聯絡

流水號 No. :

Name of person in charge :

工作人員姓名

Title :

職稱

Telephone :

電話

Competent authority :

通知書開立機關



Officer in charge/首長

Time of notice: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd).

通知書開立時間

時

分

(西元)年

月

日

If you disagree with this notice, please prepare an administrative appeal pleading and file the administrative appeal to the agency which the administrative action was made to transfer to the agency with jurisdiction of administrative appeal within 30 days from the next day of the receipt of this notice in accordance with the provisions of Paragraph 1, Article 58 of the Administrative Appeal Act.

對本通知如有不服，應於本通知單送達之次日起 30 日內，依訴願法第 58 條第 1 項規定，繕具訴願書經原行政處分機關向訴願管轄機關提起訴願。

Regulations regarding group quarantine during the period

檢疫期間各項健康監測措施/規定:

1. Stay at the quarantine area designated by the health authority. You are forbidden from leaving the designated area and leaving the country or going abroad.

留在檢疫場所指定範圍內，不外出，亦不得出境或出國。

2. Please keep your hands clean. You should wash your hands with soap or alcohol-based hand sanitizers frequently. In addition, please refrain from touching your eyes, nose and mouth with your hands.

請維持手部清潔，保持經常洗手習慣，原則上可以使用肥皂和清水或酒精性乾洗手液進行手部清潔。另應注意儘量不要用手直接碰觸眼睛、鼻子和嘴巴。

3. Please practice respiratory hygiene and cough etiquette. Wear a medical mask when you have respiratory symptoms such as cough. When the mask is stained with the secretions from respiratory tract, replace it and throw it into trash can immediately. Cover your mouth and nose with a tissue or handkerchief when sneezing or coughing. If there is no tissue or handkerchief, you can use a sleeve instead. Wear a medical mask and keep at least 1.5 meter from others when talking to them if you have respiratory symptoms. If your hands touch any secretions from respiratory tract, please wash your hands with soap and water thoroughly.

請落實呼吸道衛生及咳嗽禮節。有咳嗽等呼吸道症狀時應戴口罩，當口罩沾到口鼻分泌物時，應立即更換並內摺丟進垃圾桶。打噴嚏時，應用面紙或手帕遮住口鼻，若無面紙或手帕時，可用衣袖代替。如有呼吸道症狀，與他人交談時，請戴上外科口罩並儘可能保持 1.5 公尺以上距離。手部接觸到呼吸道分泌物時，請用肥皂及清水搓手及澈底洗淨。

4. During group quarantine, please record your temperature and daily activities twice a day (morning and evening) correctly in the form below (Annex A). The health personnel at the quarantine site will trace your record regularly.

請於集中檢疫期間內，每日早/晚各量體溫一次、詳實記錄體溫及活動史(如附件 A 表格)，主動通報檢疫場所衛生組人員；檢疫場所衛生組人員將主動追蹤您的早/晚體溫紀錄。

5. When you display symptoms, such as fever($\geq 38^{\circ}\text{C}$), cough, breathing difficulties, loss of smell and taste and diarrhea, please wear a medical mask and notify the health personnel at the quarantine site to arrange for you to seek medical attention.

倘您有發燒($\geq 38^{\circ}\text{C}$)或咳嗽、呼吸急促等呼吸道症狀、嗅味覺異常、腹瀉或其他任何身體不適，請立即佩戴外科口罩，主動與檢疫場所衛生組人員聯繫，以協助儘速就醫治療。

6. When you seek medical attention, please inform the physician of any history of contact, travel and residence to facilitate timely diagnosis and prompt case-reporting.

就醫時，請將本通知單出示給醫師，並應主動告知醫師接觸史、旅遊史及居住史。

流水號 No. :

Temperature, Health Status and Daily Activity Form/體溫及行程紀錄表

Name/姓名:

Date of entry / Last day of contact with COVID-19 confirmed cases/自流行地區入境日/最後一次接觸確定病例日: _____/_____/_____ (YYYY/MM/DD)

Group quarantine period/集中檢疫期間: from _____/_____/_____ (YYYY/MM/DD) to _____/_____/_____ (YYYY/MM/DD)

Date: m/d 日期	Body Tem. (°C) 體溫(度)	Runny/stuffy nose 流鼻水/鼻塞	Cough 咳嗽	Breathing difficulties 呼吸困難	General malaise 全身倦怠	Four limbs weakness 四肢無力	活動史紀錄 Daily activities
Morning 上午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Evening 下午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Morning 上午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Evening 下午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Morning 上午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
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Evening 下午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Morning 上午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Evening 下午		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Health agency staff
accompanying to the
group quarantine site:

陪同至集中檢疫場所之衛生單位人員

Health unit at group
quarantine site:

檢疫場所衛生組人員

Telephone:

上開衛生組人員聯絡電話

※You are an inbound traveler who has had symptoms and tested negative for COVID-19, and your physical condition has been evaluated to be suitable for subsequent home quarantine. Please undergo a 14-day period of home quarantine from _____/_____/_____ (YYYY/MM/DD).

您為入境後有症狀之旅客，在集中檢疫期間經檢驗為陰性，且經醫師評估身體狀況適合返家進行後續居家檢疫，自____年____月____日起請繼續配合完成入境後14日居家檢疫措施。

Signature (of the person
or legal representative):

本人(法定代理人)簽名

Signature of the physician:

醫師簽名

本送達證明一式三份/聯，第一份/聯由通知機關隨執行卷宗存查，第二聯送交本人或其法定代理人、監護人或保護人，第三份/聯由集中檢疫場所收存

Proof of Receipt of Notice for Group Quarantine and Right to Petition for Habeas Corpus Relief (COVID-19)

嚴重特殊傳染性肺炎集中檢疫通知書及提審權利告知送達證明

I (or the legal representative) have received the “Notice of Group Quarantine and Right to Petition for Habeas Corpus Relief” on ____/____/____ (YYYY/MM/DD) and also understood that my relatives, friends and I have the right to petition the district court for trial in accordance with the Habeas Corpus Act.

本人(法定代理人)已於民國已於 年 月 日 時 分收悉嚴重特殊傳染性肺炎集中檢疫通知書，並了解本人或本人之親友有權利依提審法規定向地方法院聲請提審。

I (the legal representative)/本人(法定代理人)

DO NOT request the notification of my relative or friend.

不請求執行機關通知親友。

REQUEST the notification of my relative or friend.

請求執行機關通知以下親友。

First relative or friend/第一位親友：

Name/姓名：

Address/住址：

Telephone/電話：

Email/電子郵件：

Second relative or friend/第二位親友：

Name/姓名：

Address/住址：

Telephone/電話：

Email/電子郵件：

Signature (of the legal representative) /本人(法定代理人)簽名：

若本人(法定代理人)拒絕簽名，工作人員請填以下表格

工作人員_____，已向本人(法定代理人)解釋其聲請提審之相關權利，並要求本人於提審權利告知書簽名，但本人拒絕簽名。

工作人員簽名：

日期：民國____年____月____日

Notice for Group Quarantine and Right to Petition for Habeas Corpus Relief to Relatives (COVID-19)

告知親友提審權利通知書

Your relative or friend

您的親友

Mr./Ms. _____ , Citizen ID No. (Passport No.) _____

先生/女士

身份證字號(護照號碼)

is subject to group quarantine in accordance with the following laws and regulations:

因符合集中檢疫政策適用對象，依下列法律規定實施集中檢疫措施

Persons who have been in contact with patients affected by communicable diseases or who are suspected of being infected may be detained for case confirmation, or subject to examination, immunization, medication, isolation, or other necessary measures pursuant to Paragraph 1, Article 48 of the Communicable Disease Control Act.

為確診個案之接觸者，依傳染病防治法第 48 條第 1 項規定，為傳染病病人之接觸者或疑似被傳染者，需施行留驗、檢查、預防接種、投藥、隔離等必要處置。

Persons entering or exiting countries/areas affected by COVID-19 may be subject to disease control practices, quarantine measures, isolation, or other necessary measures imposed on them by the competent authority pursuant to Article 58 of the Communicable Disease Control Act.

曾有流行地區旅遊史/居住史，依傳染病防治法第 58 條規定，為入、出國(境)之人員，主管機關得採行防疫、檢疫、隔離治療等必要處置。

Because your relative or friend requests that you be notified of the rights under the Habeas Corpus Act, you are hereby informed of the following:

由於您的親友指定您為提審法相關權利之受通知者，特此通知您以下事項：

1. The reason by which the aforementioned control measure is undertaken:

前揭集中檢疫措施之執行原因

Persons who are identified as contacts of COVID-19 confirmed cases and violate the home (self) isolation regulations during the period

確定病例密切接觸者，居家隔離期間未遵守相關規範者。

Persons entering from countries/areas affected by COVID-19 and violating the home (self) quarantine regulations during the period

自流行地區入境，居家檢疫期間未遵守相關規範者。

Passengers subject to group quarantine after entry

入境後須集中檢疫之旅客。

流水號 No. :

- People subject to home (self) isolation/quarantine who have no place to stay at even after the coordination by the local government

經地方政府協調後仍無居家隔離/居家檢疫處所者。

- Other :

其他：

2. Time of execution: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd).

執行時間 時 分 (西元)年 月 日

3. Place of execution (address or specific identifiable location) : _____

執行地點 (地址或可認定具體地點之記載)

4. You have the right to petition to the local court for relief in accordance with the Habeas Corpus Act.

您有權利依照提審法的規定，向地方法院聲請提審。

5. Time of notice: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd).

通知時間 時 分 (西元)年 月 日

6. Method of notice (describe or check one of the fields below) :

通知方式(載明或勾選下方欄位)

- Signed for receipt in person.

現場親自簽收。

- The notice was mailed to the relative by double registered post after notification by phone.

電話告知後，通知書以雙掛號方式郵寄該親友。

- The notice was mailed to the relative by double registered post after notification by fax or email.

傳真或電郵告知後，通知書以雙掛號方式郵寄該親友。

7. Contact person of the executing agency:

執行機關聯絡人

Name and title:

姓名與職稱

Telephone:

電話號碼

Signature of recipient: _____ Date : ____/____/____ (YYYY/MM/DD)

被通知人簽名

日期： 年 月 日

若該親友拒絕簽名，工作人員請填以下表格

工作人員 _____，已向該親友遞送告知親友提審權利通知書，並要求該親友於通知書簽名，但該親友拒絕簽名。

工作人員簽名： _____ 偕同工作人員簽名： _____

日期：民國 _____ 年 _____ 月 _____ 日